08249

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. .....

1. PLACE OF DEATH: COUNTY Howard MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Ellicott City
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Waterloo Road

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Howard
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ellicott City
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) JOSHUA (Middle) B. (Last) BRUCE
4. DATE OF DEATH (Month) August (Day) 2 (Year) 1950

5. SEX Male
6. COLOR OR RACE Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) married
8. DATE OF BIRTH August 15, 1900
9. AGE last birthday 49 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) laborer
10b. KIND OF BUSINESS OR INDUSTRY farm
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME William Henry Bruce
14. MOTHER'S MAIDEN NAME Susie Smith

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) yes (If yes, give war, or dates of service) W.W.II
16. SOCIAL SECURITY NO.
17. INFORMANT Walter Carter

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

353.3 Immediate cause (a) Drowning

85 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c) History of epilepsy

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☒ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY Farm (CITY OR TOWN) Bruce Smith's Farm, Waterloo Rd. (COUNTY) Howard (STATE) md
TIME OF INJURY (Month) Aug (Day) 2, (Year) 1950 (Hour) P m.
INJURY OCCURRED While at work ☒ Not while at work ☐
HOW DID INJURY OCCUR? Fell into watering trough during fit

22. *I certify that I took charge of the remains described above, held an Autopsy ☒, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE Stanley H. Durlacher (Degree or title) M.D. ADDRESS 700 Fleet St., Balto., Md. DATE SIGNED August 3, 1950

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF Aug. 7, 1950
NAME OF CEMETERY OR CREMATORY Baltimore National Cem.
LOCATION (City, town, or county) Baltimore, Md. (State)

DATE REC'D BY LOCAL REG. 8/4/50
REGISTRAR'S SIGNATURE A. W. Hedrick per ghl
24. FUNERAL DIRECTOR Easton Sons ADDRESS Ellicott City, Md.

866VV

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

08250

Reg. Dist. No. 190

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY: Howard. STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hanover
LENGTH OF STAY (in this place): Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Md COUNTY: Howard
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hanover
STREET ADDRESS (If rural give location):

3. NAME OF DECEASED (Type or Print): (First) Thomas (Middle) M (Last) Cavanaugh

4. DATE OF DEATH: (Month) Aug (Day) 20 (Year) 1950

5. SEX: Male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Nov 19 1887

9. AGE last birthday: 62 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Maintenance Man

10b. KIND OF BUSINESS OR INDUSTRY: B & O RR.

11. BIRTHPLACE (State or foreign country): Hanover Md

12. CITIZEN OF WHAT COUNTRY?:

13. FATHER'S NAME: Thomas Cavanaugh

14. MOTHER'S MAIDEN NAME: Catherine Bauer

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT: Mrs. Mary L. Cavanaugh

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Acute dilitation of Heart — 6 hrs

Antecedent cause(s) — Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

422.1 (b) Chr Myocarditis — 5 yrs

93d (c) Cerebral Arteriosclerosis

II. OTHER SIGNIFICANT CONDITIONS — Conditions contributing to the death but not related to the disease or condition causing death: Hypertension

19a. DATE OF OPERATION: none

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2, 19 43, to Aug 20, 19 50, that I last saw the deceased alive on Aug 20, 19 50, and that death occurred at 8:10 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Dr. J. B. Brumbaugh — ADDRESS: 3609 main St Edgewood Md — DATE SIGNED: 8/21/50

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE: 8/23/50 — NAME OF CEMETERY OR CREMATORY: Meadowridge Cem. — LOCATION (City, town or county) (State): Gorsuch Md.

DATE REC'D BY LOCAL REG.: August 21, 1950 — REGISTRAR'S SIGNATURE: Minnie Bird Wilson

24. FUNERAL DIRECTOR — ADDRESS: John J. Howard & Son Baltimore 23 Md. 4964 Belleville

RECEIVED
AUG 23 1950
BUREAU V. S

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

I

VS-A15

T

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

08251

CERTIFICATE OF DEATH

Reg. Dist. No. 190

1. PLACE OF DEATH: COUNTY Howard MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Jessup
LENGTH OF STAY (in this place) 2 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Howard
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Jessup
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print) (First) Ida (Middle) Louise (Last) Hoddick

4. DATE OF DEATH (Month) August (Day) 6 (Year) 1950

5. SEX F

6. COLOR OR RACE W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)

8. DATE OF BIRTH April 27 1866

9. AGE last birthday 84 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife

10b. KIND OF BUSINESS OR INDUSTRY Own home

11. BIRTHPLACE (State or foreign country) Buffalo, New York

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Julius Fuchs

14. MOTHER'S MAIDEN NAME Katharine Harming

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If year, give war or dates of service) —

16. SOCIAL SECURITY NO. —

17. INFORMANT Julia I. Frank

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral Haemorrhage — INTERVAL BETWEEN ONSET AND DEATH 6 days

443X Antecedent cause(s)

93d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertensive Cardio-Vas Disease — 1 yr.

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Fracture of hip - approx. 1 yr. ago.

19a. DATE OF OPERATION ✓

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) ✓

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) ✓ m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug. 1st, 1950, to Aug. 6th, 1950, that I last saw the deceased alive on Aug. 6th, 1950, and that death occurred at 11 30 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Mark Shipley, M.D. ADDRESS Savage, Md. DATE SIGNED Aug. 7th 1950

23. BURIAL, CREMATION REMOVAL (Specify) Cremation (Buffalo) DATE 8/9/50 NAME OF CEMETERY OR CREMATORY Forest Lawn Cemetery LOCATION (City, town, or county) Buffalo, New York (State)

DATE REC'D BY LOCAL REG. REGISTRAR'S SIGNATURE (Miss) E. Bird Williams Received Aug. 14, 1950

24. FUNERAL DIRECTOR De Witt Donaldson, Laurel, Md. ADDRESS

RECEIVED
AUG 13 1990
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

08252

Reg. Dist. No. 19-1

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY: Howard; STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Elkridge; Box 71
LENGTH OF STAY (In this place): 3 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: North Carolina; COUNTY: Guilford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Greensboro
STREET ADDRESS (If rural give location): 209 S. Chapman St.

3. NAME OF DECEASED (Type or Print): (First) Clarence (Middle) Durward (Last) Johns

4. DATE OF DEATH: (Month) Aug. (Day) 7, (Year) 1950

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 9-18-1888

9. AGE last birthday: 61 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): College Professor

10b. KIND OF BUSINESS OR INDUSTRY: Univ. North Carolina

11. BIRTHPLACE (State or foreign country): North Carolina

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Thomas J. Johns

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If yes, give war or dates of service): W.W.1

16. SOCIAL SECURITY No.: None

17. INFORMANT: Richard H. Johns, Greenboro, N.C.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1 **Immediate cause** (a) Coronary Occlusion — Interval Between Onset and Death: 5 min.

94 a **Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b)
(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: None
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. None
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: Home
(CITY OR TOWN): Elkridge, Md. (COUNTY): Howard (STATE): Md
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE: Charles S. Whitaker, M.D. (Degree or title): Deputy Medical Exam. of Howard County
ADDRESS: Clarksville, Md.
DATE SIGNED: 8-7-50

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF: 8-10-50
NAME OF CEMETERY OR CREMATORY: Raleigh Cemetery
LOCATION (City, town, or county) (State): Raleigh, N.C.

DATE REC'D BY LOCAL REG.: August 8, 1950
REGISTRAR'S SIGNATURE: John B. Loughran. M.D.
24. FUNERAL DIRECTOR: F.C. Higinbothom, Ellicott City, Md
ADDRESS

V1091

RECEIVED
AUG 22 1950
BUREAU V. S

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

I

322.1

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

08253

Reg. Dist. No. 191

1. PLACE OF DEATH: COUNTY Howard MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Howard
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ellicott City — LENGTH OF STAY (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ellicott City
HOSPITAL OR INSTITUTION OR STREET ADDRESS Main Street	STREET ADDRESS (If rural, give location) Main St.

3. NAME OF DECEASED (Type or Print) (First) Reginald (Middle) Grant (Last) Koontz				4. DATE OF DEATH (Month) August (Day) 18 (Year) 1950			
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single	8. DATE OF BIRTH 10-30-1906	9. AGE last birthday 43 yrs.	If under 1 year Months / Days	If under 24 hrs. Hours / Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None	10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Ellicott City, Md.		12. CITIZEN OF WHAT COUNTRY?		
13. FATHER'S NAME Lewis Koontz			14. MOTHER'S MAIDEN NAME Minnie Carr				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. ?		17. INFORMANT AND ADDRESS May Alcorn, Ellicott City, Md				

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

002x **Immediate cause** (a) Hemoptysis — immediate

13b **Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c) Pulmonary Tuberculosis, Bilateral, Active — 1 year

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Chronic Alcoholism — 10 years

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from 6 June, 1947, to 18 Aug, 1950, that I last saw the deceased alive on 16 Aug, 1950, and that death occurred at 6 A m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
William F. Tassaway	M.D.	Ellicott City, Md.	8/18/50

23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE THEREOF 8-18-50	NAME OF CEMETERY OR CREMATORY Univ. Md. Medical School	LOCATION (City, town, or county) (State) Baltimore, Md
DATE REC'D BY LOCAL REG. Aug. 18, 1950	REGISTRAR'S SIGNATURE John B. Loughran Rec. B. E. L.	24. FUNERAL DIRECTOR FF. C. Higinbothom, Ellicott City, Md.	ADDRESS

XVX99

RECEIVED
AUG 21 1950
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

08254

CERTIFICATE OF DEATH

Reg. Dist. No. 193

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Howard; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Woodbine-Rural RD#1; LENGTH OF STAY (in this place) 9 Months; HOSPITAL OR INSTITUTION OR STREET ADDRESS Near Cooksville

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Howard; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Woodbine-Rural RD#1; STREET ADDRESS (If rural, give location) Near Cooksville

3. NAME OF DECEASED (Type or Print): (First) MARY (Middle) EDNA (Last) McCOMAS

4. DATE OF DEATH: (Month) 8 (Day) 14 (Year) 19 50

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow

8. DATE OF BIRTH: 5-5-1875

9. AGE last birthday: 75 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: David V. Stauffer

14. MOTHER'S MAIDEN NAME: Willie Anna Walker

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT AND ADDRESS: Mary G. McComas, R. F. D. #1, Woodbine, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Uremia	5 days
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) nephrosclerosis	1 year
	(c)	

442x
131a

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. hypertensive cardiovascular renal disease; Chronic labyrinthitis, right — 5 years; 8 mos

19a. DATE OF OPERATION —

19b. MAJOR FINDINGS OF OPERATION —

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) —

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. —

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from November 1949, to Aug 14, 1950, that I last saw the deceased alive on Aug 13, 1950, and that death occurred at 10 45 A.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Charles S. Whitaker, M.D. Cooksville, Md. 8-14-50

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: 8-16-50

NAME OF CEMETERY OR CREMATORY: Mount Olivet Cemetery

LOCATION (City, town, or county) (State): Frederick, Maryland

DATE REC'D BY LOCAL REG. 16-Aug 1950

REGISTRAR'S SIGNATURE: C. Pearl Myers

24. FUNERAL DIRECTOR / ADDRESS: M. R. Etchison & Son, Frederick, Maryland

VS. A15

RECEIVED
AUG 31 1950
BUREAU

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

08255

CERTIFICATE OF DEATH

Reg. Dist. No. 193

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY: Howard
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural, Mt. Airy
LENGTH OF STAY (in this place): MARYLAND
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland
COUNTY: Howard
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural, Mt. Airy
STREET ADDRESS (If rural, give location): R.F.D. #5

3. NAME OF DECEASED (Type or Print): (First) Ethel (Middle) Day (Last) Mullinix

4. DATE OF DEATH: (Month) August (Day) 14 (Year) 1950

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Jan. 22, 1893

9. AGE last birthday: 57 yrs. If under 1 year: Months, Days. If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own home

11. BIRTHPLACE (State or foreign country): Plane #4, Md.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: William O. Buxton

14. MOTHER'S MAIDEN NAME: Georgie Day

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknowo) ---
(If year, give war or dates of service) ---

16. SOCIAL SECURITY NO. -- -- --

17. INFORMANT AND ADDRESS: Millard F. Mullinix, Mt. Airy, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			INTERVAL BETWEEN ONSET AND DEATH
420.1	Immediate cause	(a) Coronary thrombosis	one day
94a	Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Hypertensive arteriosclerosis	10 years
		(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 26, 1949, to Aug 14, 1950, that I last saw the deceased alive on Aug 13, 1950, and that death occurred at 11:30 A. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Ernest P. Raop, M.D. New Market, Maryland

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE: Aug. 17, 1950

NAME OF CEMETERY OR CREMATORY: Howard Chapel Meth.

LOCATION (City, town, or county) (State): Long Corner, Howard, Md.

DATE REC'D BY LOCAL REG.: Aug 17-50

REGISTRAR'S SIGNATURE: E. Dean Sperid

24. FUNERAL DIRECTOR ADDRESS: Clin L. Molesworth Damascus, Md.

RECEIVED
AUG 28 1950
BUREAU V

Items 8 & 9. See Film G128 9/22/50 JST.
Birth Record.

MARYLAND STATE DEPARTMENT OF HEALTH

08256

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 19-1

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH
COUNTY: Howard — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Ellicott City (rural)
LENGTH OF STAY (In this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Penna — COUNTY: Fayette
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Republic
STREET ADDRESS (If rural give location): Box 128 ✓

3. NAME OF DECEASED (Type or Print): (First) Angeline (Middle) Petrolo (Last)

4. DATE OF DEATH: (Month) Aug. (Day) 29 (Year) 1950

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Single

8. DATE OF BIRTH: 11-11-1928 1927

9. AGE last birthday: 21 22 yrs.

If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Teacher

10b. KIND OF BUSINESS OR INDUSTRY: High School

11. BIRTHPLACE (State or foreign country): Penna

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Frank Petrolo

14. MOTHER'S MAIDEN NAME: Jennie Marciana

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: ?

17. INFORMANT: John Petrolo, Republic, Pa

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Compound fracture of skull with massive hemorrhage & loss of brain tissue	Immediate
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	

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II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Simple fracture left humerus — Immediate

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.): public hiway
(CITY OR TOWN): Ellicott City rural
(COUNTY): Howard
(STATE): Maryland
TIME OF INJURY (Month) (Day) (Year) (Hour): Aug 29, 1950 4:30 p.m.
INJURY OCCURRED While at work ☐ Not while at work ☒
HOW DID INJURY OCCUR? collision of two automobiles

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒ suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title): Charles S. Whitaker, M.D. — ADDRESS: Clarksville, Md. — DATE SIGNED: 8/29/50

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Removal	8-30-50		Republic, Pa

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR — ADDRESS
8-30-1950	John B. Loughran. Per. J.B.L.	F.C. Higinbothom, Ellicott City, Md

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VS. A15A

RECEIVED
SEP 2 1950
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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 191

1. PLACE OF DEATH: COUNTY Howard MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Glenwood
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Howard
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Glenwood
STREET ADDRESS (If rural, give location) Glenwood Road

3. NAME OF DECEASED (Type or Print) (First) Robert (Middle) James (Last) Taylor
4. DATE OF DEATH (Month) 8 (Day) 1 (Year) 1950

5. SEX M
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married
8. DATE OF BIRTH 7-1-1885
9. AGE last birthday 65 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Transportation Manager
10b. KIND OF BUSINESS OR INDUSTRY U.S. Government
11. BIRTHPLACE (State or foreign country) Inanock Virginia
12. CITIZEN OF WHAT COUNTRY? U S A

13. FATHER'S NAME Cornelius Taylor
14. MOTHER'S MAIDEN NAME Charlotte Poulson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 212-10-5979
17. INFORMANT AND ADDRESS Mrs S. T. Bryon Mercersburg Penna

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
420.1 Immediate cause	(a) acute cardiac failure	4 hours
94a Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) coronary artery occlusion	4 hours
	(c)	

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct, 1947, to Aug 1, 1950, that I last saw the deceased alive on July 31, 1950, and that death occurred at 2:30 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Charles J. Whitaker, B.O. Clarksville, Md. Aug 1, 1950

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 8-3-50
NAME OF CEMETERY OR CREMATORY Oak Grove
LOCATION (City, town, or county) Glenwood (State) Md

DATE REC'D BY LOCAL REG. Aug. 3, 1950
REGISTRAR'S SIGNATURE John B. Lingham Pu. B.E.L. E. Pearl Mercer
24. FUNERAL DIRECTOR F.C. Higinbotham ADDRESS

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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
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M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

08258

CERTIFICATE OF DEATH

Reg. Dist. No. 191

1. PLACE OF DEATH: COUNTY Howard MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Howard
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ellicott City — LENGTH OF STAY (in this place) 2 yrs 3 Mo.	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ellicott City
HOSPITAL OR INSTITUTION OR STREET ADDRESS Montgomery Road	STREET ADDRESS (If rural give location) Montgomery Road

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last): WILLIAM WIDDUP

4. DATE OF DEATH (Month) (Day) (Year) 19: Aug. 15, 1950

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year Months	Days	If under 24 hrs. Hours	Min.
Male	White	Married	Jan. 13, 1884	66 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Certified Public Accountant	Self Employed	England	U. S. A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
John William Widdup	Nancey Tidswell

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
No		None	Mr. John Widdup

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Adominal Carcinomatosis	6 wks.
Antecedent cause(s)	(b) Carcinoma of left ureter	6 mos.
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(c)	

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II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While at work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 23 50, 19 50, to Aug. 15, 19 50, that I last saw the deceased alive on Aug. 14th, 19 50, and that death occurred at 12 15 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Frank E. Shipley, M.D. — ADDRESS Savage, Md. — DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Aug. 17, 1950	St. Johns Cemetery	Ellicott City, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Aug. 16, 1950	John B. Loughran Pu. B. E. L.	Easton Sons	Ellicott City, Md.

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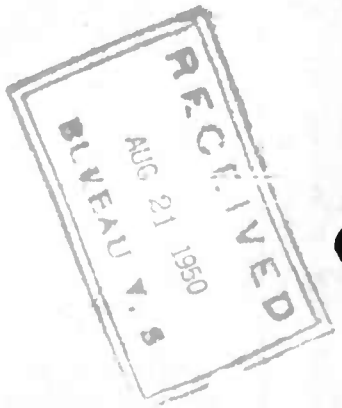
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